800 17th St., NW, Washington, DC 20006

DHEH

Transforming the future of healthcare through digital inclusion.

March 20, 2023

The Honorable Bernard Sanders
Chairman, Senate Health, Education, Labor, and Pensions Committee
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member, Senate Health, Education, Labor, and Pensions Committee
428 Senate Dirksen Office Building
Washington, DC 20510

RE: Examining Health Care Workforce Shortages

Dear Chairman Sanders and Ranking Member Cassidy:

On behalf of the Digital Health for Equitable Health (DHEH) Alliance, I am writing to respond to the Committee's request for input from stakeholders on health care workforce shortages.

The DHEH Alliance (www.dhehalliance.org) was established to uniquely bring together multi-sector stakeholders, leaders, and advocates with a common vision to promote a more digitally inclusive and accessible society that transforms healthcare delivery for underserved populations. Our members include life sciences companies, digital health companies, patient and provider advocacy groups, community-based organizations (CBOs), and Historically Black Academic Health Science Centers, including Meharry Medical College, whose president, Dr. James Hildreth provided expert testimony at the recent Senate Health, Education, Labor, and Pensions Committee full committee hearing held on February 16, 2023. The DHEH Alliance supports policies and initiatives that provide increased access to digital health technologies in underserved populations in an effort to mitigate or remove existing barriers to high-quality healthcare.

Ultimately, our goal is to reduce health care disparities in underserved populations by increasing and improving access to care using digital health technologies. We believe that the increased expansion and use of digital technology in healthcare provides many opportunities to reach these underserved communities to reduce health disparities.

We appreciate the Committee's focus on the importance of solidifying the healthcare workforce. Improving recruitment and retention of frontline healthcare workforce is a priority, and we are grateful to the Committee for taking up this issue.

We recommend the development of legislation to include efforts to increase and improve diversity within the workforce. This is consistent with the Committee's previous work including provisions in the PREVENT Pandemics Act in the last Congress.

We ask that you consider provisions that would increase funding targeted to students attending programs focused on jobs in demand, such as primary care, dentistry, and nursing, particularly in underserved areas; Students of color face numerous barriers to training programs and provisions such as these would assist these students. The lack of diversity among healthcare providers is one of the reasons lower socioeconomic

and ethnic minorities groups receive inadequate medical care. Studies show that across racial groups, healthcare providers have implicit racial and ethnic bias and negative attitudes toward people of color.[1] Diverse staff that share cultural knowledge with their patients provide better insight allowing them to more successfully meet patient needs and deliver culturally competent and equitable care especially in rural and urban areas.

Addressing workforce shortages will mitigate existing and potential barriers to high-quality medical care based on geography, age, ethnicity, race, gender, disability, mobility status, or socioeconomic status. Having a diverse workforce will improve outcomes for populations in medically underserved communities and will enhance relationships between healthcare providers, social services, and the community to address quality healthcare and patient wellness barriers.

Lastly, and most importantly, we stress that digital technologies can, and should, be an integral part of these efforts and urge you to consider legislation promoting their use. Over the years, digital health technologies have been shown in the scientific literature to have a significant impact in healthcare.[i] Digital health can support a number of the strategies suggested via expert testimonies at the February HELP Committee hearing such as leveraging the power of technology for clinical and preventive care including providing care in healthcare desserts, as well as advancing the training of healthcare professionals using simulations and other healthcare technologies.

Digital health technologies have also been shown to alleviate some of the physician burden and healthcare system inefficiencies [ii]that were exacerbated during the COVID-19 pandemic and continue today in the post pandemic era that deter individuals from entering the workforce as healthcare practitioners. Additionally, data analytics, such as artificial intelligence (AI), has been shown in research to predict disease[iii], health outcomes[iv], and response to therapies, and can be applied to better predict healthcare workforce development and strategic workforce planning.[v]

DHEH is uniquely positioned as a national leader on the intersection of healthcare disparities and digital health. Our members are experts in both digital health and disparities, conduct research on the intersection of these two topic areas, and have training and certifications in this area such as Harvard Medical School's executive education program, "Leading Digital Transformation in Healthcare". Our members also are representatives and advisors across various digital health organizations, including the HLTH Foundation's "Techquity for Health Coalition", which recently launched the "Techquity for Healthcare Industry Benchmark Survey" that provides insights from over 200 healthcare organizations to develop standards, best practices, and consistent measures for Techquity– the intentional design and deployment of technology to advance health equity, including best practices related to the healthcare workforce.

Thank you for the opportunity to comment. We support the Committee's efforts to find solutions to improve the healthcare workforce. We are especially interested in and support the efforts that digital health technology advances can assist with this endeavor. We are committed to being a trusted resource and

[1] William J. Hall, et al, Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review, 2015, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4638275/

working with Congress, the Administration, and other stakeholders to take meaningful progress towards ensuring all individuals have access to adequate care.

Sincerely,

Tanisha Hill

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[i] Greenwood, D. A., Gee, P. M., Fatkin, K. J., & Peeples, M. (2017). A Systematic Review of Reviews Evaluating Technology-Enabled Diabetes Self-Management Education and Support. *Journal of diabetes science and technology*, *11*(5), 1015–1027. https://doi.org/10.1177/1932296817713506

[ii] Chaudhry, B., Wang, J., Wu, S., Maglione, M., Mojica, W., Roth, E., Morton, S. C., & Shekelle, P. G. (2006). Systematic review: impact of health information technology on quality, efficiency, and costs of medical care. *Annals of internal medicine*, *144*(10), 742–752. https://doi.org/10.7326/0003-4819-144-10-200605160-00125

[iii] . Zilcha-Mano, S., Roose, S. P., Brown, P. J., & Rutherford, B. R. (2018). A Machine Learning Approach to Identifying Placebo Responders in Late-Life Depression Trials. *The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry*, *26*(6), 669–677. https://doi.org/10.1016/j.jagp.2018.01.001

[iv] Meyer, A., Zverinski, D., Pfahringer, B., Kempfert, J., Kuehne, T., Sündermann, S. H., Stamm, C., Hofmann, T., Falk, V., & Eickhoff, C. (2018). Machine learning for real-time prediction of complications in critical care: a retrospective study. *The Lancet. Respiratory medicine*, *6*(12), 905–914. https://doi.org/10.1016/S2213-2600(18)30300-X

[v] Long, L. A., Pariyo, G., & Kallander, K. (2018). Digital Technologies for Health Workforce Development in Low- and Middle-Income Countries: A Scoping Review. *Global health, science and practice*, *6*(Suppl 1), S41–S48. https://doi.org/10.9745/GHSP-D-18-00167